

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>10/05/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>19</i>	<i>61300</i>
FORMALITY REVIEW	<i>AM</i>	<i>5C111</i>	<i>11-03-00</i>
RESPONSE FORMALITY REVIEW	<i>NH</i>	<i>617</i>	<i>9-16-02</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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